



Rev. 02/02/06

JFW ✓

FEE TRANSMITTAL
For FY 2006

Patent fees are subject to annual revision

☒ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT:****Complete if Known**

| | |
|-----------------------|------------------|
| Application Number: | 10/715,733 |
| Filing Date: | 11/17/2003 |
| First Named Inventor: | Melissa Petruska |
| Examiner Name: | Timothy J. Kugel |
| Group/Art Unit: | 1712 |
| Attorney Docket No.: | S-102,311 |

METHOD OF PAYMENT (check all that apply)

1. ☒ The commissioner is hereby authorized to charge indicated fees and credit any over payments to:
Deposit Account Number: **12-2150**
Deposit Account Name: Los Alamos National Laboratory
- ☒ Charge Any Additional Fee Required Under 37 C.F.R. 1.16 and 1.17

FEE CALCULATION**1. COMBINED FILING FEE**

Large Entity Small Entity

| Fee | Fee | Fee Description | Fee Paid |
|------------|------------|------------------------|----------|
| 1001 \$300 | 2001 \$150 | Basic Filing fee | \$0.00 |
| 1004 \$300 | 2004 \$150 | Reissue Filing fee | \$ |
| 1111 \$500 | 2111 \$250 | Search Fee | \$0.00 |
| 1311 \$200 | 2311 \$100 | Examination Fee | \$0.00 |
| 1005 \$200 | 2005 \$100 | Provisional Filing Fee | |
| 1085 \$250 | 2085 \$125 | Provisional Size Fee | |

(for each additional 50 sheets that exceeds 100 sheets)

SUBTOTAL (1) \$00.00**2. EXTRA CLAIM FEES/APPLICATION SIZE FEE**

| | Extra Claims | Fee from Fee Paid Below |
|---------------------------|--------------|-------------------------|
| Total Claims -20** = | X | = \$ |
| Independent Claims -3** = | X | = \$ |
| Multiple Dependent | X 180 | = \$ |

** or number previously paid, if greater; For Reissues, see below

Large Entity Small Entity

| Fee | Fee | Fee Description |
|------------|------------|--|
| 1202 \$50 | 2202 \$25 | Claims in excess of 20 |
| 1201 \$200 | 2201 \$100 | Independent claims in excess of 3 |
| 1203 \$360 | 2203 \$180 | Multiple dependent claim, if not paid. |
| 1204 \$200 | 2204 \$100 | Reissue independent claims in excess of 3 over original patent |
| 1205 \$50 | 2205 \$25 | Reissue claims in excess of 20 over original patent |

Total Claims Fee \$ 0**APPLICATION SIZE FEE**

| | | |
|------------|---------------|--|
| 1081 \$250 | 2081 \$125.00 | For each additional 50 sheets that exceed 100 sheets, including specification and drawings |
|------------|---------------|--|

SUBTOTAL (2) \$ 0

(Include total of Claims Fees and Size Fee here)

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity Small Entity

Fee Code Fee (\$) Fee Code Fee (\$)

Fee Description**Fee Paid**

| | | | |
|-------------|-------------|---|--------|
| 1051 \$130 | 2051 \$65 | Surcharge - late filing fee or oath | |
| 1052 \$50 | 2052 \$25 | Surcharge - late provisional filing fee or cover sheet | |
| 1812 \$2520 | 1812 \$2520 | For filing a request for reexamination | |
| 1251 \$120 | 2251 \$60 | Extension for reply within first month | |
| 1252 \$450 | 2252 \$225 | Extension for reply within second month | |
| 1253 \$1020 | 2253 \$510 | Extension for reply within third month | 510.00 |
| 1254 \$1590 | 2254 \$795 | Extension for reply within fourth month | |
| 1255 \$2160 | 2255 \$1080 | Extension for reply within fifth month | |
| 1401 \$500 | 2401 \$250 | Notice of Appeal | |
| 1402 \$500 | 2402 \$250 | Filing a brief in support of an appeal | |
| 1403 \$1000 | 2403 \$500 | Request for oral hearing | |
| 1452 \$500 | 2452 \$250 | Petition to revive - unavoidable | |
| 1814 \$110 | 2814 \$55 | Terminal Disclaimer | |
| 1453 \$1500 | 2453 \$750 | Petition to revive - unintentional | |
| 1460 \$130 | 1460 \$130 | Petitions to the Director | |
| 1806 \$180 | 1806 \$180 | Submission of Information Disclosure Statement | |
| 1809 \$790 | 2809 \$395 | Filing a submission after final rejection (37 CFR 1.129 (a)) | |
| 1810 \$790 | 2810 \$395 | For each additional invention to be examined (37 CFR 1.129(b)) | |
| 1811 \$100 | 1811 \$100 | Certificate of Correction | |
| 1504 \$300 | 1504 \$300 | Publication fee for early, voluntary, or normal publication/Republication fee | |
| 1801 \$790 | 2801 \$395 | Request for Continued Examination (RCE) | |

Other fee (specify) _____

SUBTOTAL (3)**\$510**

Reduced by Basic Filing Fee Paid

SUBTOTAL FROM 1**\$0****SUBTOTAL FROM 2****\$0****SUBTOTAL FROM 3****\$510****TOTAL AMOUNT OF PAYMENT****\$510**

(Enter total amount at top of page)

SUBMITTED BY**Complete (if applicable)**

Printed Name: Bruce H. Cottrell

Reg. No. 30,620

Signature: *Bruce H. Cottrell*

Date: 2/2/07

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